



PTO/SB/21 (09-04)

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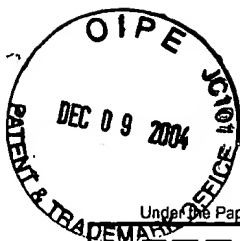
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/554996	
	Filing Date	May 24, 2000	
	First Named Inventor	Mark T. Keating	
	Art Unit	1632	
	Examiner Name	S. L. Chen	
Total Number of Pages in This Submission	4	Attorney Docket Number	HYDR-P01-002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Melissa S. Rones, Ph.D.		
Date	December 7, 2004	Reg. No.	54,408

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12/7/04 Signature: (Ginny Blundell)



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PTO/SB/17 (11-04)  
Approved for use through 7/31/2006. OMB 0651-0032  
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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225.00

## Complete if Known

Application Number	09/554996
Filing Date	May 24, 2000
First Named Inventor	Mark T. Keating
Examiner Name	S. L. Chen
Art Unit	1632
Attorney Docket No.	HYDR-P01-002

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order  
☒ Deposit Account ☐ None

Deposit  
Account  
Number

18-1945

Deposit  
Account  
Name

Ropes & Gray LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

## FEE CALCULATION

### 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
<b>Subtotal (1)</b>	<b>\$</b>	<b>0.00</b>	

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = x =  
HP= highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

**Subtotal (2)** \$ 0.00

### 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	55.00
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	170.00
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other:

**Subtotal (3)** \$ 225.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,408	Telephone	(617) 951-7653
Name (Print/Type)	Melissa S. Rones, Ph.D.	Date	December 7, 2004		

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